CLAIMS ONLY						Application Number	Filing Date

701 707 110

Applicant(s)

5-27-05

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				/			52						
3				/			53						
4				/			54						
5							55						
6							56						
7			1				57						
8							58						
9				/			59						
10				/			60						
11				/			61						
12				/			62						
13			1				63						
14				/			64						
15							65						
16				/			66						
17				/			67						
18							68						
19							69						
20							70						
21							71						
22							72						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			3				Total Indep						
Total Depend			14				Total Depend						
Total Claims			17				Total Claims						